

Household #:	
Permit #:	

Field Allocation Weekly Usage Form

Name of Organ		_						
Organization R	-		EMAIL:					
Contact Phone	Number:	(
ENTER ALL INFORMATION FOR FIELD USAGE REQUESTS IN THE TABLE BELOW								
Facility/Complex	Field #	Day(s) of Week	Start Time	End Time	Start Date	End Date		
following weeks use (ex schedule is submitted, y represented in the syste days from the billing da made.	. Submit field s rou will be bille m for that billi te on the issued	ark County Parks and Rec chedule on Thursday, Ma d based on your initial rec ng period. Organizations y d invoice. Same day cance	rch 10 th for Monday, quest. Organizations will be billed monthly llations must be mad	March 14 th – Sunday, will be billed based or y. Payment must be n le by 10am via email.	March 21st). If non the total hours of nade within fifteen No exceptions will	o field Tusage (15) be		
*Please fill out the fo printing and scanning		completed copy to ou	r office's email or	fax either by savin	g it to your desk	top or		
Email: ccprsports@clarkcountynv.gov		v.gov	Fax: 702.455.8119					
Signature			Data					